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ABSTRACT

This paper studies the perceptions of clinically based registered nurses in England concerning the role of the nurse teacher in different clinical areas at two National Health Service Hospital Trusts served by a single College of Nursing and Midwifery. Survey questionnaires were completed by 33 registered nurses employed at the two hospital trusts. Several generic issues on the role of the nurse teacher emerged, including: working with students in giving care to patients, tutorials, maintaining a college/clinical area link, and supporting both students and practitioners in their roles. Three major areas of concern were identified: (1) the uncertainties of clinical staff about the expected levels of achievement of students undertaking the new Registered Nurse/Diploma in Higher Education course; (2) the conflict in responsibilities between patient and student needs; and (3) the complexity of teaching and assessing functions expected of the registered clinical nurse in meeting the demands of students on different courses. (Contains 33 references.) (DB)

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ED 394 397

Relating Theory to Practice in Nurse Education

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Abstract

The movement of Nurse Education into Higher Education Establishments, coupled with macro-environmental change in the National Health Service is creating new dimensions concerning the integration of theory with practice in nursing, which need to be investigated. This paper studies the perceptions of clinically based registered nurses concerning the role of the nurse teacher in different clinical areas in two National Health Service Hospital Trusts served by a single College of Nursing and Midwifery.

Survey questionnaires, incorporating both qualitative and quantitative elements were used. These were distributed to twenty five registered nurses of clinical grades D, E, F and G from each hospital trust. The sample was randomly selected within each grade boundary. A response rate of 61% and 72% was achieved from each trust respectively.

Using contents analysis, the qualitative data were used to identify areas of importance, which were researched in depth using the statistical computer package for social surveys (SPSS/PC+) to analyse issues of statistical significance.

While there were differences of perception between respondents, important generic androgogic issues emerged which focused on the role of the nurse teacher, including: working with students in giving care to patients, tutorials, maintaining a college/clinical area link, and supporting both students and practitioners in their roles.

Three major areas of concern were:-the uncertainties of clinical staff about the expected levels of achievement of students undertaking the new Registered Nurse/Diploma in Higher Education course; the conflict in responsibilities between patient and student needs; and the complexity of teaching and assessing functions expected of the registered clinical nurse in meeting the demands of students on different courses. While experience and educational preparation of practitioners positively influence the practitioners' perceptions of the role of the nurse teacher, these issues need to be addressed if nurse education is to be effective.

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1. Introduction

Macro environmental changes are taking place in the National Health Service and in Nurse Education which are influencing the role of the nurse teacher in both the classroom and the clinical environment. The 1990 National Health Service and Community Care Act; the creation of Trust Status for hospitals and community nursing facilities; clinical grading for nurses; general economic depression with resultant fiscal stringencies and effective downsizing of health care provision have all influenced the operational policies within the National Health Service (NHS). Changes in Nurse Education in both pre- and post-registration fields, coupled with the wholesale movement of Nurse Education into Higher Education, have reduced the number of nurse teachers available to participate in the clinical education of students at a time when their professional body, the English National Board for Nurses, Midwives and Health Visitors (ENB), recommends that nurse teachers increase their contribution to clinical learning by spending one fifth of their time in the clinical area. Thus conflicting priorities are influencing nurse teachers and through them the education of students of nursing.

The student of nursing learns how to nurse in two different contexts, in the classroom where the principles of nursing and the fundamental disciplines underpinning nursing are encountered in a planned and orderly manner, and in a variety of clinical placements where situational learning stimuli may be chaotic or at least difficult to order logically. The question that arises from this situation is how are these different objectives and contexts to be integrated into a relevant learning experience in order to provide synergy out of a potentially devisive situation. Are the learning needs of the modern nurse adequately met by the present systems and where does the responsibility lie?

2 Background Literature

2.1 Learning

Learning has been defined as 'a relatively permanent change in behaviour that occurs as a result of prior experiences (Hilgard et al 1975, pl94), although other educationalists dispute that the change is always behavioural. Learning is a complex process and

> "there seems to be no adequate theory to account for all aspects of learning"
> (Moore G.1984, p38).

A number of theories of learning have been developed during this century and their appropriateness to learning nursing can be justified by citing examples of their individual use. Conversely the utilisation of some ideas proved to be less helpful to student education. The development of a taxonomy of learning by Bloom (l964) categorised the process of learning into three separate domains; cognitive, affective and psychomotor. Learning objectives were developed separately for these domains and so the process of learning was fragmented into separate parts. Behavioural objectives, which were used to measure the outcomes of learning, were limiting to learning by their very precise nature. This educational development, although resisted by general education in the United Kingdom at that time, became the paradigm promoted by the ENB in nurse education.

By the mid 1980's there was dissatisfaction with this rigid approach and a change to competency based outcomes of the educational process coincided with the decentralisation of the examination system for registration in nursing. The educational model emphasis changed from product to process and this allowed the utilisation of expressive objectives, advocated by Eisner (1985), in which the process or educational encounter preceded the identification of learning outcomes, with consequent enhancement of the learning process. This development heralded the advent of experiential learning.

> "The use of experiential learning strategies, now commonplace in nursing curricula, owes much to the learner centred orientation asserted by Carl Rogers"
>
> (Moore G. 1984,p 49)

and also to the experiential taxonomy developed by Steinaker and Bell (1979) who

> "not only describe the levels or sequence of events which take the student from inability through to achievement, But also offer appropriate learning objectives, learning principles, learning strategies, teaching strategies and assessment techniques."
>
> (Kenworthy N. and Nicklin P.J.1988,p2).

Although this development is termed an experiential taxonomy this does not imply that only experiential teaching methods are involved. The taxonomy is a series of stages which take the student through from an initial stage of exposure to the integration of the learning into that students' observable behaviour. All methods of teaching from the formal lecture to role-playing are seen as experiences and therefore appropriate to the taxonomy.

The experiential taxonomy has five stages from initial exposure to an experience or idea, through participation when the student becomes involved, to identification when the participation is satisfying to the student and acts as a motivation to repeat the experience. Internalisation, the fourth stage, occurs when the practice is at an intellectual level and it becomes part of the student and influences other aspects of his/her life. Internalisation becomes stronger as practice at this level continues to reinforce it. The final stage is dissemination when the student becomes sufficiently confident and motivated to share this experience with others.

The experiential taxonomy overcomes the dichotomy of the theory-practice gap because it presents an hierarchy of processes which combine theory and practice in an organised progression. It provides an excellent mechanism to achieve the integration of theory with practice. It can be used to assess previous learning and help to identify present objectives of the student, by the practitioner skilled in its use. Facilitation of learning and assessment of learning can be built on this foundation. However practitioners need adequate preparation for their teaching and assessing role. ENB Course 998 is concerned with providing this preparation for registered nurses but only a small part of the course is concerned with the theory of the specific model of assessment used in the college. Being introduced to an unfamiliar model and being able to apply it are very different entities. Time is needed to assimilate the taxonomy and supervision in its application is necessary until the practitioner has become competent in using it. Are these conditions fulfilled?

2.2 Theory and Practice in Nurse Education

A fundamental recurring problem in nurse education is the integration of theory and practice. Registration of nurses was initially established in 1919, the General Nursing Council (GNC) being appointed by Government in 1920 and an advisory syllabus for nursing agreed. The first examination based on this advisory syllabus took place in 1925 and records reveal that

> "nurses who had taken the first GNC examination were said not to be able to apply theory to practice". (House of Commons Papers 1925, in Martin 1989)

Recent investigations (McCaugherty D, 1992, Mallik 1993) suggest that this is still a problem. Initiatives attempting to address this problem have concentrated largely on who facilitates this process in the clinical environment. The literature promotes a variety of individuals for this role.

United Kingdom nurse education was principally based on an apprenticeship model, with the student nurse having the dual role of worker and learner. This remained generally unchanged until the advent of Project 2000 (RN/Dip HE) nursing programmes in 1989, when student nurses became officially students for the majority of their course. Until then the links with hospitals and their manpower considerations had taken precedence over the learning process. These factors still remain as powerful controlling factors in nurse education today.

Nurse tutors began to be appointed in the 1930's (Martin 1989) in an attempt to address criticism of the education offered to student nurses at that time. However numbers of tutors have always been small in relation to the numbers of student nurses, and their role has been principally in the classroom rather than the clinical environment.

Traditionally responsibility for the education of student nurses in the clinical environment was within the remit of the ward sister. However in 1953 the Report of the Nuffield Provincial Hospitals Trust highlighted the inadvisability of assuming that student nurses learnt appropriately about nursing by working in the wards. A limited job analysis at that time found that student nurses "spent a high proportion of their time on domestic and repetitive tasks and that most ward sisters spent very little time in contact with them" (Robertson C.M.1986). Conversely, seventeen years later, Pembrey (1980 p20), found that ward sisters at that time perceived their role priorities as "The safety of the patients first; second, the training of the nurse". More recently, since the creation of trust status organisations within the National Health Service, the role of the ward sister (grade G) has expanded to meet the business requirements of the new trust with consequential curtailment of previous role functions.

One solution to this problem has been the development of the clinical nurse teacher role which began on an unofficial basis in 1948, although it was not officially recommended until 1955. The clinical nurse teacher was to be a teacher to work in co-operation with the ward sister in the clinical environment and link theory to practice in the clinical education of student nurses. The role of clinical teacher was interpreted in a variety of ways and subsequently there has been confusion about the respective roles of the tutor and the clinical teacher. Educational courses to prepare clinical teachers were discontinued in 1988, and the numbers of clinical

teachers employed has subsequently declined. The demise of the clinical teacher leaves the nurse tutor as the only educational representative in the clinical environment.
The English National Board is firmly committed to nurse tutors using at least twenty percent of their time in clinically based endeavour including clinical teaching (ENB 1993).

> "As nursing and midwifery are practice based professions, it is essential that the teachers are enabled to remain engaged in practice. Therefore these teachers should be involved in teaching in practice settings for the equivalent of one day per week. To facilitate this each full time teacher should be counted as 0.8 Whole Time Equivalent when calculating the staff student ratios" (ENB 1993).

However this outcome is effectively opposed by Regional Health Service control of student numbers and College of Nursing staff employment policies which combine to defeat the achievement of student /nurse teacher ratios recommended by the ENB.

The question also arises whether this is the best use of expensive human resources. Bartram (1993) describes the tutor as working in two modes in the clinical area which are not mutually exclusive: firstly as a clinical teacher working with the students giving nursing care, and secondly as a link tutor advising staff and students on theory and practice. Bartram poses the question of whether working with the students in giving care to patients is "value for money" from the college's point of view. Is this not a lack of resources placing pressure on the learning experience of students?

The problem of who should teach the students in the clinical area remains unresolved. Learning environment research emphasises the vital role of the ward sister in creating and maintaining an environment conducive to learning (Pembrey 1980, Orton 1981, Ogier 1982, Fretwell 1982, Marson 1984). However the role of the ward sister/charge nurse has changed to incorporate more managerial and budgeting responsibilities thus allowing less time for participating in student education. This is another resources pressure on the clinical education of students. Is the situation becoming like that reported in 1953 when the

> "ward sister had little contact with the student"? (Robertson C. 1986, p16).

Another route to student education in the clinical area is that of peer teaching. Iwasiw & Goldenberg (1993) investigated the effects of peer teaching on baccalaureate nursing students in clinical arenas, and used Bandura's social learning theory as a powerful basis to argue for peer teaching. However flaws in the experimental methodology allowed the experimental group of students additional practice time in comparison with the control group and this invalidated the results.

Butterworth and Faugier (1992) present arguments which favour a clinical supervision system similar to other practice professions such as midwifery, social work and counselling, but also comment favourably on the peer support system common in mainstream nursing. They emphasise the necessity of clinical supervision particularly in relation to the qualified practitioner but they fail to take into account the ethos of clinical management following the introduction of recent reforms. A further stressor is the current registered practitioner recruitment difficulties of NHS Trusts in some regions resulting in failure to meet establishment employment numbers and so limiting further the supervision of students.

Crotty (1992,1993) used a Delphi study among 201 grade 2 nurse teachers (nurse tutors) from 25 colleges of nursing and midwifery, and found that their clinical role was becoming primarily liaison rather than teaching. Other writers focus on the wide range of skills required by the nurse tutor to fulfil the demands of senior nurses and also the students, while trying to diminish the theory - practice gap (Goodall 1990, Burnard 1992). It is suggested, in the Strategy for Nursing 1989, that

> "future teachers must be able to demonstrate at an advanced level, a knowledge of the theory and practice of nursing and they must be qualified or clinically credible in the area of practice they teach" (DOH 1989).

Conversely Burnard P. (1992, p322) asserts that like many nurses, nurse teachers

> "are obsessed of being able to do it all", and suggests that
> "giving lectures, doing research, retaining clinical competence, writing and developing course documents, is too large an order".

He implies that the vexed question of whether nurse teachers should also be expected to be 'excellent clinicians' should be addressed, and points out that nurse tutors are role models for teaching and clinical practitioners are the students' role models for practice.

In an examination of theory to practice links Mallik (1993) sees one solution to the problem as the skilling of clinical staff in assessing, teaching and mentoring, but highlights the unique contribution to the education of students which can be given by the clinically competent nurse teacher. Various attempts to diminish the theory practice gap are addressed, including the quite limited success of joint appointees and lecturer/practitioners, it is suggested that educational managers should provide support mechanisms to encourage the nurse teacher in the clinical role. Mallik does not explore the process of skilling the clinical practitioner nor the problem of providing sufficient practitioners in the practice arena to meet the care needs of the clients and the educational needs of the student adequately.

Vaughan (1988) in a small study to assess the differences between sisters, charge nurses and nurse teachers' perceptions of their teaching roles discovered that there was considerable diversity in their opinions. Closer liaison between them was recommended in order to facilitate optimum student development in the clinical area.. However he did not include nurses in his study and although the main ward manager may be a major force in generating a learning environment that is conducive to student learning (Orton 1981), in today's 'value for money' climate it is perhaps the staff nurse who is the principal mentor, facilitator and supervisor of the student.

In other recent literature Kenworthy N. and Nicklin P.J. (1989, p21) recognise the clinically competent nurse as the appropriate person "to teach nursing at the patient/client level", but there is also a need for an integrated theoretical framework in which to set clinical teaching. Basic nurse education does not equip the clinical nurse with the teaching and assessing skills required. ENB Course 998 is advocated as being appropriate for this need but resource difficulties are recognised in this context too.

> "Health authorities have to find the resources to fund this activity. It may well be that in the future only those authorities who am willing to prepare their 'practical teachers' adequately will receive the approval to run basic nurse education courses"
>
> (Kenworthy N. and Nicklin PJ. 1989, p22)

In the current state of health authority finance, provided the health authority is able to recruit qualified nurses from other sources, this may prove to be a preferred outcome for them in the short term. They may find it more cost effective not to participate in the education of pre-registration nurses.

In the literature the problem of the practice-theory gap in nurse education appears to be inexorably linked with the clinical role of nurse teachers. Perceptions of this role have been explored with nurse teachers (Crotty 1992,1993, Owen 1993, Burnard 1992), with senior educational managers (Bartram 1993, Crotty 1993), with clinical nurse managers (Walters & Macleod Clark 1993) and ward sisters/ charge nurses and students (Pembrey 1980, Orton 1981, Ogier 1982, Fretwell 1982 & 1985, Marson 1984, Vaughan 1988). However the perceptions of clinical staff, particularly those registered nurses operating at staff nurse and junior sister grades, about the role of the nurse teacher in the clinical area, do not appear to have been sought.

3 Research Issues

A number of theoretical issues are raised by the literature. How do students learn? Which players in the clinical area are instrumental in creating an environment conducive to learning? How should clinical supervision be achieved? This paper investigates the perceptions of registered clinical practitioners with regard to these issues and who they see as the individual, or individuals to link theory to practice.

The substantive theme of this investigation is to explore the perceptions of clinical nursing staff concerning the present and desired roles of the nurse teacher in clinical areas. The research questions to be answered are :-

1 What do clinical staff perceive to be the role of the nurse teacher in the clinical area?
2 What would clinical staff like the nurse teacher to do in the clinical area?
3. Are there differences in the perceptions and wishes for the nurse teacher's role between clinical staff of two different NHS Hospital Trusts served by the same college of nursing?
4 Are the perceptions of clinical staff about the clinical role of the nurse teacher related to their own experience as a student?

The hypothesis to be tested is :-

> The opinions of clinical staff about the role of the nurse teacher in the clinical area will be related to their level of educational preparation for teaching and assessing students

4 Methodology

Survey questionnaires, designed for this study, incorporating both qualitative and quantitative elements were used. Items in the questionnaire, were based on issues raised by the literature and concerns expressed by both tutorial and clinical nursing staff. Quantitative questions were used to give high data integrity, while qualitative questioning was included to produce a greater depth of knowledge. Using the quantitative and qualitative dimensions within the same study provides opportunities for cross checking data and is regarded as a means of triangulation (Denzin 1970).

The questionnaire was divided into three sections: section one used a likert scale to measure agreement or disagreement with fourteen statements concerning the role of the nurse teacher in clinical areas; in section two dichotomous questions were followed by open questions on the same theme; and section three is concerned with the relative importance of different facets of the nurse teacher's role, with identifying the length of time a nurse teacher should spend in clinical areas and the experience of the respondents and their educational preparation.

Within the time scale of the project it was unrealistic to attempt full validation of all items in the questionnaire, however measures taken to maximise reliability and validity were developed principally from reference sources (Oppenheim 1992, Moser & Kalton 1971, McDaniel & Gates 1991), from learning environment literature (Fretwell 1979, 1985, Orton 1981, Ogier 1981, Pembrey 1980, Gott 1986) and from discussion with colleagues in nurse education and clinical practitioners.

The questionnaire was piloted using hospital registered nursing staff of grades D, E and F who were from the same geographical area as the sample but not employed by either of the NHS Trusts in the survey. A minor adjustment to the rubric at the end of the questionnaire was made as a result of the pilot study.

The sample consisted of two hundred clinically based registered nursing staff of grades D, E, F and G, who were employed in two hospital trusts to which students of nursing were allocated for clinical practice. The size of each individual grade sample was determined by the smallest number falling within one grade in one of the two hospital trusts (25). The sample was randomly selected from the designated grades of staff employed by each hospital trust. The questionnaires were distributed to twenty five registered nurses of clinical grades D, E, F and G from two National Health Service Trusts served by a single College of Nursing and Midwifery. The sample was randomly selected within each grade boundary. A response rate of 61% and 72% from each trust respectively was achieved.

Table 4.1 Distribution of Respondents

NHS TRUST	GRADE D	GRADE E	GRADE F	GRADE G	GRADE MISSING	TOTAL
A	10	19	17	13	2	61
B	16	18	18	20	0	72
TOTAL	27	37	35	33	2	133

. The questionnaires were distributed in two waves, with a three week interval between each wave, in an attempt to achieve a high response rate. Distribution of respondents according to grade and NHS Trust are shown in table 4.1. This demonstrates the similarity of respondent groups in the two NHS hospital trusts.

Using contents analysis the qualitative data were used to identify areas of importance, which were then researched in depth using the statistical computer package for social surveys (SPSS/PC+) to identify issues of statistical significance. These included frequency of response and cross tabulation of variables for four main areas: Work Area; Grade; NHS Trust and Gender.

Initial analysis of the quantitative data revealed the numbers for the fourteen clinical area codes (work area) were too small to be statistically valid. Therefore the data from related clinical areas, which form clinical specialities, were collapsed into four groups. Those respondents whose clinical area code was missing were classified as an unknown group, group five. (table 4.2)

Table 4.2 Clinical Area Groups

WORK LOCATIONS	CLINICAL SPECIALITIES	RESPONDENTS
Accident and Emergency Fracture Clinic Intensive Care Unit Theatres	DEPARTMENTS	n = 33
General surgery Opthalmological surgery Orthopaedic surgery Ear, Nose & Throat surgery	SURGERY	n = 27
Medicine Elderly Care Chemotherapy	MEDICINE	n = 51
Gynaecology Child Care	FAMILY SERVICES	n = 18
Code Removed	UNKNOWN LOCATIONS	n = 4

5 Results

The qualitative data revealed areas of importance in relation to the research questions and quantitative data were used to explore these in depth and analyse issues of statistical significance.

5.1 Clinical nursing staff perception of the role of the nurse teacher in the clinical area?

The main areas of importance identified from the qualitative data were: college-clinical area liaison, who should teach clinical skills, factors which discourage clinical staff from teaching,

linking theory with practice, being a resource for all nursing staff and raising research awareness

College-Clinical Area Liaison

The nature of present links was questioned and 78% of respondents felt some degree of change was necessary. Comments, which represent themes raised by a number of respondents, refer to the need for more co-operation between college and clinical staff before students are allocated to their specific clinical area , and that effort is required from both sides to make the link viable.

> "We need more linkage before students commence on the ward, with more time to prepare for them."
> "We need clear learning outcomes and to know what is expected from the experience."

Some respondents would like to see the return of the clinical teacher spending time giving nursing care with the student, while others recommend a lecturer-practitioner as the ideal person to maintain and improve college-clinical area links.

> "A teacher employed by the clinical area and the college who would have joint responsibility."

Others expressed regret that college-clinical area links did not appear to be working.

> "I am not aware of a link between the college and ward at the moment."
> ".....Actually to see a teacher on the ward."
> "What links?"

The vast majority of respondents agreed that all areas where nurses are employed should have a nurse teacher to provide a link between the college and clinical area (table 5.1a) and 73.7 % of respondents gave high importance to this role of the nurse teacher (table 5.1b).

Table 5.1a Likert Scale Responses

Statement	Total	Agree	Uncertain	Disagree
1. All areas where nurses are employed should have a nurse teacher link.	n = 133	94.7%	1.5%	3.8%

Table 5.1b Importance of aspects of the role of the nurse teacher.

Role of nurse teacher	High importance	Medium Importance	Low importance	n =
As a college- ward/dept link	73.7%	21.8%	3.8%	132

5.2 Who should teach clinical skills?

Qualitative data produced a variety of suggestions in response to this question with the clinical nurse, the nurse teacher or a combination of both the clinical nurse and the teacher all being prominent in responses.

"Practitioners, as long as their knowledge is up to date."
"Especially the students mentor."
"The clinical nurse, but who taught them their bad habits?"

"The nurse teacher can teach the skill in a non-threatening environment. Once learnt, the nurse can take the skill to the practical, area and use it with the clinical nurse, who should know the patient."
"Someone conversant with theory and ward culture."
"The nurse teacher to reduce the theory-practice gap."
"They should be initiated by teaching staff in the classroom and reinforced by the clinical staff in the wards. The penny doesn't always drop until actually doing the practical."

"Teachers can set aside a specific time for teaching."
"A teacher gives the rational for the skill."
" It is important that the teacher participates in the wards at a clinical level so that information in the college is current with actual practice in the clinical area."

Quantitative data showed a similar mixed response almost half of the respondents being either uncertain or disagreeing that the clinical nurse is more conversant with practice than the nurse teacher. Table 5.2

Table 5.2

Statement	Total	Agree	Uncertain	Disagree
The clinical nurse is more conversant with clinical practice than the nurse teacher	n = 133	52%	31.5%	16.5%

5.3 Factors which discourage the clinical nurse from teaching

Factors which discourage the clinical nurse from teaching were limited time, student attitudes, uncertainty about what to teach and constant repetition with different students on short placements. These themes are illustrated by the following qualitative data:-

"Always too busy, but we do try to make the time."
"The ward is primarily a place for patients and that is my prime function. Teaching and providing a learning environment come second."
"Commitment to teaching and assessing health care assistants and to giving the nursing care they cannot give."
"There are so many people wanting so much of your time."

"Student attitudes."
"Arrogant students."
"Lack of interest shown by students."

"Uncertain about what to teach and what the student needs to learn."
"Uncertain of my own abilities."
"I am happy to teach on a one to one basis."
"As part of my clinical role I enjoy teaching but I find the students lack of enthusiasm sometimes difficult to understand."

"It is very boring to repeat the same thing every few weeks for different students."

5.4 Linking theory to practice

Qualitative data identifies linking theory to practice as one of the main contributions of nurse teachers make in the clinical area and in teaching clinical skills. However quantitative analysis of this function reveals some uncertainty over all responses (table 5.4a) and statistical difference between respondents when cross-tabulated with work location (p=0.068, Chi-square=25.089). The percentage of family services respondents that agree with the statement in table 5.4b is greater all other work locations; the percentage of departmental respondents that with the statement is greater than other work locations. More significant difference is apparent when cross-tabulated with grade (p= 0.014, Chi-square = 25.253) G , F and D grade respondents are most in agreement while E grades show a higher degree of uncertainty and disagreement (table 5.4c).

Table 5.4a Likert scale

Statement	Total	Agree	Uncertain	Disagree
The nurse teacher is the best person to link theory to practice	n = 133	36.8%	30.8%	32.3%

Table 5.4b Theory to Practice crosstabulated by Location

LOCATION	STR. AGREE	AGREE	UNCERTAIN	DISAGREE	STR. DISAGREE
Departments	3%	18.2%	42.4%	27.3%	9.1%
Surgery	3.7%	33.3%	29.6%	33.3%	0%
Medicine	5.9%	33.3%	33.3%	27.5%	0%
Family Services	11.1%	50%	11.1%	7.8%	0%
Unknown	0%	25%	0%	50%	25%

Table 5.4c Theory to Practice crosstabulated by grade

GRADE	STR. AGREE	AGREE	UNCERTAIN	DISAGREE	STR. DISAGREE
D	0%	46.2%	30.8%	23.1%	0%
E	5.4%	8.1%	45.9%	37.8%	2.7%
F	5.7%	37.1%	20%	37.1%	0%
G	9.1%	39.4%	24.2%	18.2%	9.1%

5.5 The Nurse Teacher as a Resource for Clinical Staff and Students

Qualitative data identifies both positive and negative themes in these responses:-

"For guidance about what is going on in the college, but that is all."
"On teaching matters."
"I have a good relationship with our teacher. I ask for advice on paediatric matters and problems with students."
"Helps with research and ideas."
"Clarifies points in clinical skills - knowledge we are unsure of."

"The nurse teacher is unfamiliar with the type of work in the department - means that they are of little use in a specialist area."
"Since qualifying I have not seen a nurse teacher in the ward."
"Only contact with the college is by telephone."

Important functions of the nurse teacher were variously identified by respondents and fell into four main categories: facilitation of student and clinical staff practice, reducing the theory - practice gap and liaison between college and clinical area. Responses in relation to student educational facilitation were the most numerous and ranged from:-

"To identify patient needs to the student."
"To show the student how to learn and question appropriately and not become belligerent."
" To be an approachable friend able to see all points of view for the student and the nurse."

The majority of respondents agreed that the nurse teacher should be a resource for all nursing staff (table 5.5a).

Table 5.5a Likert Scale Responses

Statement	Total	Agree	Uncertain	Disagree
Nurse teachers are a resource for all nursing staff	n = 133	82.7%	11.2%	6%

A greater proportion of respondents from Trust B were able to use the nurse teacher as a resource than respondents from Trust A.

Table 5.5b Respondents able to use the Nurse Teacher as a Resource

Response	YES	NO	NO OPINION
Trust A	37.7%	55.7%	6.6%
Trust B	65.3%	31,9%	2.8%

5.6 Raising Research Awareness

Significant difference was found by cross tabulation of questionnaire variables in relation to work area. Nurses working in surgical and department locations in particular, recognised a need for the nurse teacher to raise staff awareness of relevant research, however 28% of nurses in family services locations disagreed with this premise (table 5.6)

Table 5.6 Nurse Teacher should Raise Research Awareness

WORK AREA	DEPARTMENTS	SURGERY	MEDICINE	FAMILY SERVICES	UNKNOWN
agree	94%	92%	84%	72%	100%
uncertain	3%	7.4%	13.7%	0%	0%
disagree	3%	0 %	2%	28%	0%

p = .0091, Chi Square = 26.52097

5.7 What would the Clinical Nursing Staff like the Nurse Teacher to do in the Clinical Area?

The general themes that emerge from the data focus on the nurse teacher working with students giving care to patients, giving tutorials to link theory with practice, spending time in the clinical area, supporting practitioners to some extent in their practice, but principally in their field of supervision, teaching and assessing students. In addition emphasis is placed on the approachability of teachers and the need to establish good relationships with clinical staff.

5.8 Working with Students and Giving Tutorials

Table 5.8a Likert Scale Responses

Statement	Total	Agree	Uncertain	Disagree
Nurse teachers work with students in giving care to patients/clients	n = 133	63.1%	11.2%	18%
Nurse teachers give tutorials in the clinical area	n = 133	61%	16.5%	22.5%

Table 5.8b Level of Importance of the Role of the Nurse Teacher

ROLE OF NURSE TEACHER	HIGH IMPORTANCE	MEDIUM IMPORTANCE	LOW IMPORTANCE	n =
Working with students	56.4%	30.8%	11.3%	131
Giving Tutorials	55.6%	39.8%	3.0%	131

5.9 Respondents preferred time in clinical area for nurse teacher

77.5% of respondents would prefer a nurse teacher to spend either a half shift (four hours) or a whole shift (eight hours) in their clinical area each week. (table 5.9)

Table 5.9 Respondents preferred time in clinical area for nurse teacher

NUMBER	PERCENTAGE	TIME
55	41.4%	a whole shift
48	36.1%	half a shift
20	15 %	two hours
8	6 %	no opinion
2	1.5%	no time

Cross tabulation of work area with this data showed some significance difference (p = 0.059, chi-square = 26. 158), however the qualitative data revealed that those who preferred a whole shift saw benefice for teacher, clinical staff and students in such a time commitment:-

"Need to become accepted as an insider not a visitor"
"Available for clinical staff queries about reports and Project 2000 students"
"To devote a whole day to students without having the pressure of a clinical load"
"So that he/she can recognise there can be a conflict of interest between the needs of the patient and the needs of the student"

Those who selected a half shift focused on two main outcomes involvement with students and benefits for the nurse teacher:-

"Enough time to assess the student's ability and progress without the individual feeling threatened"
"To keep the nurse teacher up to date"

The respondents who specified two hour per week were concerned with helping to solve student problems and facilitating teaching and learning strategies:-

"The teacher only needs to pay us a visit, irrespective of student placements"
"For a tutorial or some clinical work with students"
" any more is over use of resources, any less is a token gesture".

Clinical nurses working in departments were the only respondents who indicated that it was not necessary for the nurse teacher to spend time in their departments each week.

5.10 Differences between the Responses of Different NHS Trusts

Qualitative data identifies some differences of results in trusts concerning working with the student in giving nursing care; in giving tutorials; in using the teacher as a resource (table 5.5b) and in the necessity for improving liaison between the college and clinical areas. These are confirmed by quantitative analysis.

Table 5.10a Working with Students

TRUST	STR. AGREE	AGREE	UNCERTAIN	DISAGREE	STR. DISAGREE
A	39.3%	41.0%	4.9%	13.1%	1.6%
B	18.1%	44.4%	16.7%	13.9%	6.9%

p= 0.02, Chi-square= 11. 588

Table 5.10b Giving Tutorials

TRUST	STR. AGREE	AGREE	UNCERTAIN	DISAGREE	STR. DISAGREE
A	34.4%	34.4%	13.1%	14.8%	3.3%
B	9.7%	44.4%	19.4%	19.4%	6.9%

p= 0.014, Chi-square= 12. 468

Demographic data in relation to the experience of the respondents as a student differs between the trusts with only 65.6% of Trust A respondents having the experience of working with a clinical teacher compared with 90% of Trust B respondents. Different age profiles of the respondents of the two trusts are evident in cross tabulation between trust and length of time since registration, with more than 70% of Trust A respondents being qualified for eight years or more in comparison with only 41% of Trust B respondents in this category.

5.11 Educational preparation of respondents in relation to grade

Questions relating to educational preparation of respondents and to preparation for their role in teaching and assessing both students and health care assistants (HCAs) show statistical significance in cross tabulation with grade of respondent. (table 5.11)

Table 5.11

QUESTION	GRADE D n = 26	GRADE E n = 37	GRADE F n = 35	GRADE G n - 33	SIGNIFICANCE
Completed a diploma course?	3.8%	5.4%	14.3%	24.2%	low, p = .048 Chi Sq.= 7.891
Completed any other ENB course?	15.4%	43.2%	45.7%	75.8%	high, p = .0001 Chi Sq = 21.636
Attended preparation course re; teaching?	38.5%	81.1%	91.4%	90.9%	high, p = .001 Chi Sq.= 30.635
Attended preparation course re; assessing?	38.5%	86.5%	91.4%	90.9%	high, p = .001 Chi 33.532
Attended preparation course re; Project 2000?	61.5%	73%	91.4%	84.8%	moderate, p = .010 Chi Sq.= 11.321
Attended preparation course re; mentorship?	7.7%	59.5%	54.3%	69.7%	high, p = .001 Chi Sq.= 25.312
Attended preparation course re; preceptorship?	11.5%	43.2%	51.4%	51.5%	moderate p = .006 Chi Sq.= 12.465

6. Discussion and Conclusions

A number of major changes in recent years, have altered the environment in which the National Health Service (NHS) and Nurse Education function . In addition Nurse Education has made the paradigm shift from apprentice type training to full student status for learner nurses on Registration/Diploma in Higher Education courses. Colleges of Nursing, formed by amalgamation of previous Schools of Nursing in the last decade, are in the process of being subsumed into Institutions of Higher Education and their downsizing to facilitate this process has reduced the number of nurse teachers. Therefore the time available for the nurse teacher to maintain clinical links has been reduced, just as the English National Board has decided that they should spend 20% of their time in clinical areas. (ENB 1993)

Registration/Dip HE courses have new curricula, different patterns of clinical placement for students and different models of- continuous practical assessment. Clinical staff are now required to be mentors, facilitators and supervisors of students and in addition teachers and assessors of health care assistants as well as "giving the care they (HCA's) cannot give".
the role of the nurses teacher and the perceptions of the clinical nursing staff.

Research question one asks:-
What do clinical staff perceive to be the role of the nurse teacher in the clinical area?

Responses to statements in section one of the questionnaire are particularly relevant to the role of the nurse teacher in the clinical area. The vast majority of respondents agreed that all areas

where nurses are employed should have a nurse teacher to provide a link between college and the clinical area. However 78% of the respondents also recommend more co-operation between the two before students are allocated to a clinical area and that effort is required from both college and clinical staff to make the link a viable one.

The overriding image of the nurse teacher, perceived by the respondents, is of the nurse teacher working with students giving care to patients, giving tutorials, being a college - clinical area link, being a resource for both students and staff including supporting staff in their practice and raising research awareness.

Statistically significant differences responses are apparent between respondents in different clinical areas,. Nurses based in medical wards are more in favour of the nurse teacher working with students in giving care than nurses in surgical wards, family services (paediatric and gynaecological wards) and departments (theatres, intensive care units, accident and emergency units). This may be due to the particular specialist skills of staff in these areas, who may feel they are more knowledgeable than the generic nurse teacher. Qualitative data confirms this analysis by comments such as "the nurse teacher is unfamiliar with the type of work in the department - this means they are of little use in a specialist area."

Raising research awareness is seen to be a part of the nurse teachers' role particularly by respondents on surgical wards and departmental staff, but responses from family services staff are not so positive.

Research question two asks:-
What would clinical staff like the nurse teacher to do in the clinical area?

General themes emerge from the qualitative data outlining the role and functions clinical staff would like the nurse teacher to undertake. These again emphasise the nurse teacher working with students in clinical situations and giving tutorials; and also supporting practitioners to some extent with their clinical practice, but mainly in the field of their supervision, teaching and assessing of students. In addition respondents focus on the approachability of teachers and see the establishment of good relationships with practitioners as valuable.

Clinical staff are uncertain about what is expected of them and call for clear learning outcomes for the students. With co-operation the clinical staff and teacher could devise learning outcomes for the student that are at an appropriate level for the student and which maximise the clinical area learning opportunities. The Registered Nurse/ Diploma in Higher Education Course is still a new course and practitioner have yet to become familiar with all the minutiae of its implementation. Establishment of a good working relationship between clinical and academic staff promotes the development of a facilitative learning environment.

A valuable suggestion from a number of respondents is that the college - clinical staff liaison should have elements of interchange in it, the clinical staff should be able to access college resources, both human and material, as easily as the nurse teacher accesses the clinical area. There is evidence that some respondents have such links but others emphasise their absence: "I am not aware of a link between the college and the ward at the moment"; "They (nurse teachers) should spend more time on the ward with their students."

Research question three asks:-

Are there differences in the perceptions and wishes for the nurse teacher's role between clinical staff of two different NHS Hospital Trusts served by the same college of nursing?

Perceptions of the nurse teacher as a resource for all staff demonstrate a significant difference between respondents from different NHS trusts This is clarified by a negative comment from Trust A "only contact is by telephone" while a more positive comment from Trust B states "I have a good relationship with our teacher, I ask for advice on paediatric matters and problems with students." It is possible that in Trust A the teachers concentrate on the students while teachers in Trust B provide support for both students and clinical staff. This explanation is supported by other responses in which teachers are perceived to work more frequently with students in giving nursing care in Trust A than in Trust B.

Both quantitative and qualitative data confirm differences and similarities between responses from the two trusts. Statistically significant differences were noted between the two trusts in seven specific areas of investigation, length of time since qualification and differences of student experience of the respondents have been identified already. Other areas of difference the role of the nurse teacher in giving direct patient care with the student; preferred length of time for a nurse teacher to spend in a clinical area each week; participation in preceptor workshops and responsibility for teaching students.

This is hardly surprising as the college in its present form has only existed for five years and has built on the foundations laid by two separate schools of nursing which preceded it and which were each linked to the hospitals which have become NHS Trusts A and B. Respondents in this study will have experience a variety of curricula in courses leading to their registration according to the school of nursing which facilitated their nursing education and the particular time capsule of their studentship. What is surprising is so much agreement in other areas of enquiry concerning the role of the nurse teacher in the clinical area.

Research question four asks:-

Are the perceptions of clinical staff about the clinical role of the nurse teacher related to their own experience as a student?

A number of areas of statistical difference existed between respondents of differing grades, particularly in relation to levels of educational preparation of practitioners and their responsibilities; links between college and clinical areas; the role of the teacher in clinical areas; if nurse teachers prepare students for the reality of practice; in supporting practitioners in their practice and the dilemma of the optimum individual to link theory to practice.

In this investigation Trust A, which has the higher age profile, is where the preference for clinical teachers to work with students is most evident, "I was disappointed that in some specialist areas there was no clinical nurse teacher." Although Trust B is not without respondents who echoed the need for the clinical teacher to return. This is an area where more specific research is required to establish what level of difference a clinical teacher makes to the learning experience of the individual student and whether the clinical practitioner is as adept as the clinical teacher in making the links between theory and practice more explicit.

The hypothesis to be tested is :-

The opinions of clinical staff about the role of the nurse teacher in the clinical area will be related to their level of educational preparation for teaching and assessing students.

Overall G grade respondents have a wider perception of the role of the nurse teacher and higher levels of preparation for their roles in supervising, teaching and assessing students. The question is whether their contribution to student learning in the clinical environment is becoming more limited as the managerial aspects of their role increase, and whether their role in relation to student education is being undertaken by less well prepared D, E and F grades. This change is recognised by Jowett et al (1994) particularly in relation to Registration /Diploma in Higher Education Courses;

> " Project 2000 has demanded a great deal of nurses in practice areas, particularly of staff nurses, whose role in the potentially anxiety provoking area of formal assessment, is greatly enhanced."

Many clinical areas, especially specialist areas such as intensive care units and accident and emergency departments, also have nursing students who are undertaking different courses, e.g. degree, conversion, continuing education, return to nursing, open learning and ENB courses, all of which have a practice element to be assessed. The clinical staff may therefore be supervising disparate students, using a variety of models of assessment with very limited preparation for their role. Additionally health care assistant teaching and assessing using yet another model of assessment may be part of their role. We may be expecting unrealistic levels of involvement by staff nurses in the education of others in addition to their prime objective of patient care.

In two NHS hospitals served by the same college of nursing there are wide variations of levels of nurse teacher activity in clinical areas. The demise of the clinical teacher with special attachment to a particular clinical environment leaves a void which the nurse teacher and clinical nurse are expected to fill. Jowett et al (1994) in discussing the implementation of Project 2000 state,

> " The substantial pressures on practice based staff to gain further qualifications, supervise students, increase their management responsibilities and deliver patient care in a changing service , mean that they too need a sound, facilitative support structure and a source of educational help and advice readily available in the practice areas."

Learning environment research has focused primarily on the ward sister as the creator of an environment conducive to learning. However, since the introduction of health service changes following the 1990 NHS and Community Care Act, the role of the G Grade has widened to encompass many aspects of non clinical care, while less experienced F, E and D grade nurses have taken on many of her former roles in patient care and student clinical education. Burnard's(1992) comment that the nurse teacher should not be expected to be an expert in everything can also be applied to clinical staff. Their primary function is to meet the needs of patients and although they have always contributed to the supervision and development of student nurses this is not just another additional role which can be accomplished without preparation, time and commitment.

This research study confirms these conclusions. The educational supporter role lies within the competence of nurse teachers if they are allowed sufficient clinically based time to develop it. The experiential Taxonomy of Steinaker & Bell (1979) may also contribute to the solution, for it combines the diversity of educational strategies in a comprehensive model. If sufficient time is allowed for the preparation of clinical nurses in facilitating student learning, teaching and assessing using this taxonomy, with the support of nurse teachers the quality of student and practitioner experience could be enhanced.

8 Recommendations

This research study has investigated the problem of integrating theory with practice in the clinical environment principally through an exploration of the roles of the nurse teacher and registered practitioners in two NHS hospital trusts. The size of the investigation is small but there are lessons to be learnt from the findings that may be applicable in similar clinical contexts.

The following recommendations arise from the research findings:-

1. Clear links between the college of nursing and clinical areas should be set up to ensure support for students and clinical staff.

2. Educational managers should recognise this commitment and allow sufficient time for nurse teachers to maintain these links.

3. There should be opportunities for clinical staff to visit the college to further their understanding of current courses and models of assessment used in these courses.

4. Clinical area managers should recognise the time spent in teaching and assessing when calculating the number of qualified staff required in clinical areas.

These recommendations should help to reduce the conflict felt by clinical staff in making choices between clinical and educational responsibilities.

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